

FEC  
FORM 3

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Andrews for Senate

ADDRESS (number and street) 215 Fourth Ave.

Check if different than previously reported. (ACC) Haddon Heights NJ 08035

2. FEC IDENTIFICATION NUMBER ▼ CITY STATE ZIP CODE  
C C00448654 3. IS THIS REPORT [X] NEW (N) OR [ ] AMENDED (A) NJ 01

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
[ ] April 15 Quarterly Report (Q1)  
[ ] July 15 Quarterly Report (Q2)  
[ ] October 15 Quarterly Report (Q3)  
[X] January 31 Year-End Report (YE)  
[ ] Termination Report (TER)  
(b) 12-Day PRE-Election Report for the:  
[ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R)  
[ ] Convention (12C) [ ] Special (12S)  
Election on MM/DD/YYYY in the State of  
(c) 30-Day POST-Election Report for the:  
[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)  
Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY  
10/01/2013 through 12/31/2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robyn A. D. Ferdinand

Signature of Treasurer Ms. Robyn A. D. Ferdinand Date 01/30/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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